

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Anthony Cross	FILED 06 NOV '14 14:43 USC-ORP	COURT CASE NUMBER 3:14-cv-01310-KI
DEFENDANT City of Portland, Asheim, Defrain, Burley, Murphy, Dale, Duilio		TYPE OF PROCESS Civil Summons, Complaint, etc.

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
James Defrain
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
PPB North Precinct, 449 NE Emerson St., Portland, OR 97211

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	9
Zachary Spier, Attorney at Law 405 NW 18th Ave Portland, OR 97209	Number of parties to be served in this case	7
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Process to be served: Summons, complaint, IFP application, case assignment order, magistrate consent, IFP order, discovery/scheduling order, discovery agreement, case management schedule
The above defendant works 4 p.m. to 2 a.m. Wednesday through Saturday. Per PPB Directive 220.40, can schedule service at beginning or end of shift. Precinct # (503) 823-5700.

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (503) 305-3730	DATE 9/30/14
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 65	District to Serve No. 65	Signature of Authorized USMS Deputy or Clerk Richard S. Boyd	Date 10/8/14
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 10-31-14
	Time 12 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy [Signature]

Service Fee 65	Total Mileage Charges including endeavors 3.30	Forwarding Fee 0	Total Charges 68.30	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: Receptionist Winslow Refused to accept process Stating it needs to go to court coordinator.

RECEIVED
UNITED STATES MARSHAL
PORTLAND, OREGON
14 OCT -8 PM 3:41

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED